ing beliefs of patients' reluctance to disclose T&CM usage to healthcare providers especially the physicians is important especially when they are on active cancer treatment. Results from this study can help physicians to initiate open discussions with patients at the time of treatment decision in order to improve patients' compliance towards proven therapies. Further research is required to evaluate physicians' attitude towards cancer patients' use of T&CM.

PCN123

A LITERATURE REVIEW ON UTILITY VALUES ASSOCIATED WITH HPV-RELATED DISEASES

Shupo F[1], Dorey J[2], Remy V[3], Aballea S[4]
[1]Creativ-Ceutical, London, UK, [2]Creativ Ceutical, Paris, France, [3]Sanofi Pasteur MSD, Lyon, France, [4]Creativ Ceutical, Paris, Ile de France, France

OBJECTIVES: Human papillomavirus (HPV) infection is associated with cervical cancer and genital warts as well as other diseases, such as vulvar, vaginal, anal, penile and head and neck (H&N) cancers. Utility values for those other cancers will be needed for more comprehensive cost-effectiveness models of HPV vaccination. This study aims to identify all utility values for HPV-related cancers in elicitation and economic evaluation studies. **METHODS:** Literature searches were implemented using Medline, EMBASE, Tufts University CEA registry, CRD-HTA register databases and completed with recent conference abstracts. No limits were set on time, geography or language for searches. All utility elicitation techniques were considered. **RESULTS:** 109 abstracts satisfied inclusion criteria: 4 genital warts, 75 cervical, 1 vulvar, 4 anal and 25 H&N cancer abstracts. 19 were excluded after review of full publications. Most economic evaluations used utilities from previous models. Two sets of values were identified for cervical cancer: one using time trade-off (TTO) among healthy female volunteers and another based on expert opinion. Utilities for H&N cancers were elicited from one study using EQ-5D in oncology nurses (0.06-0.86 according to treatment status) and one using TTO in 10 physicians (0.68-0.93). Additionally, one study elicited utilities after laryngectomy from patients and health care providers (0.44-0.89). Utilities for oral cancer were measured using standard gamble in healthy volunteers (0.68-0.92 by stage). Utilities for anal cancer were based on gastrointestinal cancer. No values were found for penile, vulvar and vaginal cancers. **CONCLUSIONS:** Although some data exist for cervical cancer and genital warts, there is a paucity of high-quality utility data for other HPV-related diseases. This literature review will be useful for future HPV economic evaluations. New elicitation studies could be performed to fill in some gaps. However, for some rare cancers, using other diseases as proxies could be an acceptable approach.

PCN124

THE IMPACT OF CONDITION LABELLING ON HEALTH STATE VALUES

Brazier J[1], Rowen D[2], Tsuchiya A[1], Young T[1], Ibbotson R[3]
[1]University of Sheffield, Sheffield, UK, [2]University of Sheffield, Sheffield, South Yorkshire, UK, [3]Sheffield Hallam University, Sheffield, UK

OBJECTIVES: Many descriptions of health used in vignettes and condition-specific measures name the medical condition. This paper assesses the impact of referring to the medical condition in the descriptions of health states valued by the general population. **METHODS:** A valuation study was conducted using face-to-face interviews involving the time trade-off valuation technique. All respondents valued the same eight health states but descriptions featured different labels: no label / "irritable bowel syndrome" / "cancer". We analyse responses from 241 members of the UK general population providing 1910 observations, with a response rate of 39% and completion rate of 99%. Random effects generalized least squares regressions were used to estimate the impact of each label and experience of the condition on health state values. **RESULTS:** There is no significant difference between health state values when the health state description contains no label or an IBS label. The inclusion of a cancer label in the health state description affects health state values and the impact is dependent upon the severity of the state, with a significant reduction in values for more severe health states (up to -0.25 for the worst possible state) but no significant difference for mild states. **CONCLUSIONS:** A condition label can affect health state values, but this is dependent upon the specific condition and severity. These differences may reflect greater precision for utility estimates experienced for these conditions or preconceptions such as fear and dread. Further research using qualitative analysis is recommended to enable better understanding of the reasoning used by respondents to determine why the inclusion of different condition labels affects health state values. Until this information is available, we recommend avoiding condition labels in health state descriptions (where possible) to ensure that values are not affected by prior knowledge or preconception of the condition that may distort the health state being valued.

PCN125

ELICITATION OF HEALTH STATE UTILITIES IN NEUROENDOCRINE TUMOURS

Swinburn P[1], Chandiwana D[2], Quadri N[1], Wang X[3], Lloyd AJ[1]
[1]Oxford Outcomes, an ICON plc Company, Oxford, Oxon, UK, [2]Novartis Pharmaceuticals UK Limited, Surrey, UK, [3]Novartis Pharmaceuticals Corporation, Florham Park, NJ, USA

OBJECTIVES: A number of newly developed treatments for advanced Neuroendocrine Tumours (NET) have demonstrated potential for significantly improving outcomes both in terms of disease progression and tolerability. There is however a paucity of available evidence detailing the quality of life impact of such therapies which is suitable for use in supporting economic evaluations. This study was designed to address this unmet need by capturing utility values for receiving NET treatment. **METHODS:** A number of health state descriptions were developed to characterise the typical quality of life challenges faced by NET patients undergoing therapy. These vignettes were developed based upon the findings of a literature review, in-depth interviews with patients (n=5) and discussions with experienced NET specialists (clinicians n=5, oncology nurse n=1). The states described stable and progressive disease with a range of common treatment related grade III/IV toxicities (stomatitis, rash, diarrhoea, nausea/vomiting, hyperglycaemia, thrombocytopenia, hand & foot syndrome and pneumonitis). One hundred members of the UK general public rated each state in a time trade-off (TTO) interview. The TTO exercise explores participants' willingness to trade overall survival against changes in quality of life and therefore provides an indication of its value in that state. **RESULTS:** Values suitable for both pancreatic and carcinoid NET treatment are presented. Stable disease had a reported utility value of 0.77 whilst progressive disease was associated with a marked decline and a value of 0.62. The impact of toxicities was variable ranging from stable disease + hyperglycaemia (0.78) to stable disease + stomatitis (0.56). **CONCLUSIONS:** This study characterises the burden associated with receiving NET treatment, related adverse events and disease progression. It demonstrates the considerable value of therapies offering reduced toxicity and the prospect of delaying progression in terms of preserving quality of life. These values could be used in establishing the cost-effectiveness of future treatments.

PCN126

WHICH FACTORS CAN AFFECT UTILITIES?

Kang E[1], Lee J[2], Jeong H[1]
[1]Soon Chun Hyang University, Asan , Choongnam, South Korea, [2]Kyungwon University, Sungnam, Gyunggi-do, South Korea

OBJECTIVES: Published utilities for the same health condition vary across studies. The purpose of this study was to find the factors that were related to utilities using the case of colorectal cancer. **METHODS:** We did systematic review first to summarize the literature on the utilities of colorectal cancer and ran meta-regression to analyze the factors affecting the utilities of colorectal cancer. We searched the literature published up until December, 2010 in Medline, Science Direct, CINAHL, EMBASE, and KoreaMed using the combinations of keywords, one set of keywords representing colorectal cancer and the other representing utilities. In total, 88 abstracts were retrieved and 57 were excluded after the abstract review and 15 studies were excluded after the full-text review. Finally, 228 utility scores in 16 studies were included in the meta-regression. For each of the 228 utilities, information was recorded on its cancer stage, cancer type, cancer treatment, adverse reaction, remission, definition of the lower bound, definition of the upper bound, respondent, preference elicitation method, source of utility, and survey method. Fixed effect model was used to control for the correlations within the same study. **RESULTS:** Compared to stage 1, stage 3, 4, and best supportive care state had lower utilities. Colorectal cancer had the higher utilities than either colon cancer or rectal cancer. Adverse reaction was related to lower utilities. Other definition of the upper bound than perfect health was related to higher utilities. Compared to TTO, HALex had lower utilities and HUI had higher utilities. On the other hand, the other factors were not significantly related to the level of utilities. **CONCLUSIONS:** In the case of colorectal cancer, utilities were affected by cancer stage, cancer type, adverse reaction, definition of upper bound, and preference elicitation method. In practice, we should mind that characteristics of health condition and utility measurement may affect the level of utilities when we use utilities from the literature.

PCN127

HEALTH STATE UTILITY ASSESSMENT FOR BREAST CANCER

Shih V[1], Chan A[2], Xie F[3], Ko Y[2]
[1]National Cancer Centre Singapore, Singapore, [2]National University of Singapore, Singapore, [3]McMaster University, Hamilton, ON, Canada

OBJECTIVES: 1) To develop both English and Chinese versions of the descriptions of health states describing different stages of breast cancer and different adverse effects related to tamoxifen and aromatase inhibitors for breast cancer, and 2) To elicit individuals' preferences for these health states from a group of oncology nurses. **METHODS:** Twenty hypothetical health states and their descriptions were developed based on literature review and oncology expert panel reviews. Health state utilities were obtained from 20 oncology nurses using the visual analogue scale (VAS) and standard gamble (SG) methods. After recalibration, the adjusted utility scores were on a scale of 0 (death) and 1 (perfect health). **RESULTS:** The health states developed represented different disease stages and the presence and type of treatment side effects in breast cancer. For each health state, various general health-related quality of life domains, such as pain/discomfort and ability to work, were included in the descriptions, along with a state-specific description. The mean utility score of respondents' 'current health' was greater than 0.9 while mean adjusted VAS-derived utility scores ranged from 0.256 to 0.860, and median adjusted SG-derived utility scores ranged from 0.284 to 0.673. Among the side effects evaluated in the 'no recurrence' health state, ischemic cerebrovascular events, pulmonary embolism, and spine fracture had the greatest utility detriment. **CONCLUSIONS:** The study results indicate the value that individuals place on the avoidance of disease progression and the side effects of hormonal therapies in breast cancer. The health state descriptions developed can be used in future research to obtain society's utilities for use in a cost-utility analysis.

PCN128

EQ-5D UTILITY INDEX IN PATIENTS WITH METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (MCRPC) WITH PROGRESSION DURING OR AFTER FIRST-LINE DOCETAXEL THERAPY

James N[1], Eisenberger M[2], Fizazi K[3], Heidenreich A[4], Joulain F[5], Laizet C[6]
[1]University of Birmingham, Birmingham, UK, [2]Johns Hopkins University, Baltimore, MD, USA, [3]University of Paris, Paris, France, [4]Universitatsklinikum der RWTH Aachen, Aachen, Germany, [5]Sanofi-aventis, Massy, France, [6]Covance, Rueil-Malmaison, France